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PTO/SB/01 (12-97)
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## **DECLARATION FOR UTILITY OR** DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

Declaration Submitted with Initial Filing

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Num	ber I-2-0400.1U\$				
First Named Inventor	Adjakple et al.				
COMPLETÉ IF KNOWN					
Application Number	10/675,639				
Filing Date	September 29, 2003				
Group Art Unit	2661				
Examiner Name	Not Yet Known				

				المستنب المستنب			
As a below named inventor, I her	by declare that:						
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
REFERENCE TRANSPORT CHANNEL							
ON/OFF STATUS DETECTION AND RESELECTION							
the specification of which (Title of the Invention)							
is attached hereto							
OR  was filed on (MM/OD/YYYY) 09/29/2003 as United States Application Number or PCT International							
Application Number 10/675,639 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed	and understand the	contents of the above Ident	ified specification	n, including the claims, as			
amended by any amendment speci	I hereby state that I have reviewed and understand the contents of the above Identified specification, including the claims, as amended by any amendment specifically referred to above.						
) acknowledge the duty to disclose	) acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.						
I hereby claim foreign priority benef certificate, or 365(a) of any PCT in	emetional apolicatio	m which designated at IAA	stone country (	other than the United States of			
America, listed below and have also or of any PCT international applicable	identified below by	checking the box, any forei	ot noiteoildos ani	r patent or inventors certificate.			
gi di miy i o i iliterizzaoiaz application							
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s)	Country	(MIM/DID/YYYY)	Not Claimed	YES NO			
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Additional foreign application nu	mbers are listed on:	a supplemental priority data	a sheet PTO/SE/	02B attached hereto:			
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Da	Filing Date (MM/DD/YYYY)					
60/414,943	3 09/30/2002			Additional provisional application			
	1	1		ners are listed on a lemental priority data sheet			
1		1		SB/02B attached hereto.			
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[Page 1 of 3 ]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

## Attny. Docket No. I-2-0400.1US

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## **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application dealgrating the United States of America, listed below and, insofer as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Patent Number U.S. Parent Application or PCT Parent Parent Filing Date (if applicable) (MM/DD/YYYY) Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data aheat PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Paten and Trademark Office connected therewith: Customer Number Place Customer 24374 Number Bar Code OR. Registered practitioner(s) name/registration number listed below Labelhem Registration Registration Name Number Name Number Namely, the Attorneys of Volpe and Kosnig, P.C. Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: 🔀 Customer Number 24374 OR Correspondence address below or Bar Code Label **DEPTICC** VOLPE AND KOENIG, P.C. Name <u>Address</u> Address State ZIP City Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or imprisonment, or both, under 18 U.S.C. 1001 and that such willful lalse statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Family Name or Sumame Given Name (first and middle [if anv]) Adjakple Pascal i)6500 4 Inventor's Date Signature Great Neck NY **USA** Citizenship Country Residence: City 15 Cumberland Avenue Post Office Address Post Office Address 11020 USA NY Great Neck Country ZIP Additional inventors are being named on the 1\_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Attny. Docket No. I-2-0400.1US

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## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])	<u> </u>			Family Name or Sumame				
Charles	Charles				Dennean			
Inventor's Signature La	inventor's April Date 2/9/0					2/9/04		
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Mailing Address								
city Melville	State	NY	ZIP	11747	ountry	USA		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])	idle [if any]) Family Name or Surname				mame			
Renuka			Racha					
Inventor's Rumbea Rack	<u>~</u>		. Date 2 ≤ 04					
Residence: City Ronkonkoma	State_	NY	Country USA C		Citizenship India			
Mailing Address 500 Peconic Street, #242B								
Mailing Address								
city Ronkonkoma	State	NY	z	<sub>IP</sub> 11779	Coun	ntry USA		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Femily Name or Surname			r Sumame					
Carl	Carl Wang			g				
Inventor's Signature	2		Date 2/9/04					
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city Flushing	State	NY		ZIP 11355	Co	USA USA		

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